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09-12-03

2837  
11/11/03

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

1

Application Number	09/802,499
Filing Date	March 9, 2001
First Named Inventor	Kenichi NISHIDA et al.
Art Unit	2837
Examiner Name	David S. Warren

Attorney Docket Number 393032023000

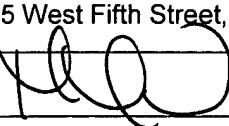
**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	<b>Remarks</b>	

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SEP 15 2003

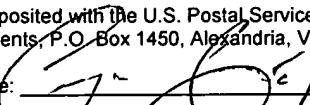
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Mehran Arjomand - 48,231 MORRISON & FOERSTER LLP 555 West Fifth Street, Los Angeles, CA 90013
Signature	
Date	September 11, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL989011151US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 11, 2003

Signature:  (Godofredo Campos)

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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 410.00)

## Complete if Known

Application Number	09/802,499
Filing Date	March 9, 2001
First Named Inventor	Kenichi NISHIDA et al.
Examiner Name	David S. Warren
Art Unit	2837
Attorney Docket No.	393032023000

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	
<input checked="" type="checkbox"/> Deposit Account					
Deposit Account Number		03-1952			
Deposit Account Name		Morrison & Foerster LLP			
The Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments			
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application					
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity		Small Entity		Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$ 0.00)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Large Entity		Small Entity		Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$ 0.00)			
**or number previously paid, if greater; For Reissues, see above					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3) (\$ 410.00)					

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Mehran Arjomand	Registration No. (Attorney/Agent)	48,231	Telephone (213) 892-5630
Signature				Date September 11, 2003

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